

PROPOSED COMPROMISE LANGUAGE FOR SB133 Sub 01 (INCLUDING PROCEDURE-SPECIFIC NOTES AT END)

Utah State Orthopedic Society

Wednesday, Feb 25, 2015



In an attempt to address several specific procedures brought up by the podiatrists as potentially “not allowed” under the proposed changes to SB133, we present the following clarified language. Following the language is a chart listing the specific procedures and how they may or may not be affected. As shown in the chart, ALL of the listed procedures will be allowed to be performed by appropriately certified podiatrists, including the three which are currently “banned” in Utah’s existing code.

NOTE: These changes are specifically designed to mirror the certifications offered by the *American Board of Foot and Ankle Surgery* (the new name of the *American Board of Podiatric Surgery*, changed a few months ago). The podiatrists’ national certifying organization officially offers TWO levels of certification:

- Certification in Foot Surgery – This is the basic level of certification for podiatrists
- Certification in Reconstructive Rearfoot / Ankle Surgery (RRA) – This is a more advanced level of certification, designed for more complex procedures

Given that the podiatrists’ board certifying organization recognizes 2 distinct levels of training and certification, it only makes sense that the Utah code also recognizes these 2 distinct levels of certification.

REQUESTED CHANGES TO SB133 Sub 01

Beginning on line 39:

(4) “Practice of podiatry” means the diagnosis and treatment of conditions affecting the human foot and ankle and their manifestations of systemic conditions by all appropriate and lawful means, subject to the following provisions:

(a) All licensed podiatric physicians who have a valid Certification in Foot Surgery may perform surgical procedures :

- (i) on all bones of the anatomical foot distal to the ankle joint;
- (ii) on the medial and/or lateral malleolus distal to the level of the tibial plafond, which includes treatment of any medial and/or lateral malleolus fractures which enter the ankle joint below the tibial plafond (for example – Weber A and B fractures);
- (iii) on any muscle, tendon or ligament directly attached to the anatomical foot and which impacts upon or affects the foot or foot function, including any incision and drainage of these structures;
- (iv) on all ligaments considered part of the ankle joint below the level of the tibial plafond; and,
- (v) including the placement of external fixation for a problem specifically related to the foot and which contains at least one point of fixation on a bone in the anatomical foot distal to the ankle joint;

(b) Additionally, all podiatric physicians who also have a valid Certification in Reconstructive Rearfoot / Ankle Surgery may perform surgical procedures:

- (i) on the distal 20 percent of the tibia as measured from the tip of the medial malleolus, as long as the procedure is specifically related to treatment of a foot or ankle condition (for example – distal tibia fractures contained in this area as long as the fracture line enters the ankle joint);
- (ii) on the distal 20 percent of the fibula as per (4)(b)(i) immediately above (for example - Weber C fractures and spiral fractures within this area);
- (iii) on all ligaments considered part of the ankle joint above the level of the tibial plafond; and
- (iv) including the placement of external fixation for a problem specifically related to the ankle joint which contains at least one point of fixation on a bone in the anatomical foot distal to the ankle joint;

(c) The above provisions notwithstanding, no amputation shall be performed proximal to Chopart's joint.

(d) All surgical procedures shall be:

- (i) Performed in an ambulatory surgical facility, general acute hospital, or a specialty hospital, as defined in Section 26-21-2; and
- (ii) Subject to review by a quality care review body that includes qualified licensed physicians and surgeons[-]; and

(e) In counties of the third, fourth, fifth, or sixth class, if a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act is not available, then requesting an individual licensed as an advance practice registered nurse specializing as a certified registered nurse anesthetist under Title 58, Chapter 31b, Nurse Practice Act, to administer general anesthesia as provided in Subsection 58-31b-102 (13)(d).

Continue with the rest of the bill at line 58.

EXAMPLES OF SPECIFIC PROCEDURES AS BROUGHT UP BY PODIATRISTS

The following table lists procedures of concern to podiatrists, and how they would be allowed under the scope of practice as defined above:

Procedure	Foot Certification	RRA Certification	Citation Above
Spiral fracture of fibula	Y ¹	Y ²	(4)(a)(ii), (4)(b)(ii)
Bimalleolar ankle fracture	Y	Y	(4)(a)(ii), (4)(b)(i-ii)
Placement of external fixation	Y ³	Y ⁴	(4)(a)(v), (4)(b)(iv)
Distal tibial fractures	N	Y ⁵	(4)(b)(i)
Proximal I&D	Y	Y	(4)(a)(iii)
Correction of subluxed peroneal tendons	Y	Y	(4)(a)(iii)
High ankle sprains	N	Y ²	(4)(b)(iii)
Chronic ankle instability	Y ¹	Y	(4)(a)(iv), (4)(b)(iii)
Ankle fusion	N	Y	(4)(b)(i-ii)
Trimalleolar ankle fractures	N	Y	(4)(b)(i-ii)
“Massive” ankle reconstructions	N	Y	(4)(b)(i-ii)

Notes:

- 1 – As long as it is below the level of the tibial plafond (ankle joint)
- 2 – As long as it is below the “20% line” dividing the ankle from the rest of the leg
- 3 – As long as it is specifically for a problem in the foot
- 4 – As long as it is specifically for a problem in the foot and/or ankle
- 5 – As long as the fracture actually involves the ankle joint (ie. fracture line enters the ankle joint)

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